

KENTUCKY WIC PROGRAM VENDOR APPLICATION UPDATE

Please Print unless otherwise indicated

STORE IDENTIFICATION

1. **Store Name:** _____ **Tax ID #:** _____ **Vendor #:** _____

2. Physical address – do not use post office box number.

Street address/rural route number: _____

City: _____

County: _____ State: _____ Zip: _____

Store telephone number: (____) _____ Fax: (____) _____

3. Mailing address – do not complete if mail can be delivered to the store's physical location.

Street/P.O. Box # _____ Street _____

City _____ State _____ Zip _____

4. Type of business (check one):

☐ Major chain
multiple states

☐ Independent chain –
local corporate ownership

☐ Franchise –
multiple locations

☐ Franchise –
single location

☐ Independent –
not a franchise

☐ Commissary

How many stores are under the same ownership? (include applying store) _____

How many of these stores are currently authorized for the KY WIC program? _____

How many of these stores are currently authorized for the SNAP program? _____

STORE OWNERSHIP AND MANAGEMENT

5. Type of ownership (check one):

☐ Sole proprietorship

☐ Partnership

☐ Corporation

☐ Limited Liability Company (LLC)



6. Corporate Identification:

Name and Address of the corporation:

Business Name: _____

Street Number: _____ Street Name: _____

City/State/Zip: _____

E-mail address of corporate contact: _____

7. Ownership Identification:

Owner's name and home address (enter requested information for owners of sole proprietorships, partnerships, principal shareholders of private corporations, LLC members, or officers of a corporation.) (If more than two owners, attach to this application the same information for up to two more persons):

(Present name exactly as shown on legal documents.)

First and Last Name: _____ SSN: _____

Street number: _____ Street name/P.O. Box: _____

City/State/Zip: _____ Phone: () _____

E-mail address: _____

First and Last Name: _____ SSN: _____

Street number: _____ Street name/P.O. Box: _____

City/State/Zip: _____ Phone: () _____

E-mail address: _____

8. Store Manager Identification (name the person with primary on-site responsibility for daily operations):

First and Last Name: _____

E-mail Address: _____

Fax #: _____

Privacy Act Statement: the collection of the social security number (SSN) is authorized by section 2018 of Title 7, US Code and will be used to determine whether a store qualifies to participate in the WIC Program, to monitor compliance with program regulations; and for program management. The provision of the SSNs will be available only to officers and employees whose duties or responsibilities require access for the administration or enforcement of the special supplemental nutrition program for women, infants and children (WIC Program) and the Food Stamp Act.

9. Business Ethics: Are any of the following now charged with or have they ever been convicted of or had a civil judgment for fraud; antitrust violation; embezzlement, theft or forgery; bribery; falsification or destruction of records; making false statements or claims; receiving stolen property; or obstruction of justice: 1) any partner, 2) owner, 3) any officer, 4) the corporate entity, 5) the manager, or 6) any stockholder who has a substantial role in the operation of the store?

☐Yes ☐No

If yes, attach a written explanation, giving the name of the person(s) charged or convicted and their relationship to the owner, partner or corporate entity, and their current or past position, if any, in the store or corporation; the court and court docket number, the crime(s) and date(s) committed; the penalty and time served; and any other relevant information.

STORE OPERATIONS AND SALES

10. What hours is the store open?

M – F: _____ a.m. _____ p.m. Sat – Sun: _____ a.m. _____ p.m.

11. When did the store open for business under the current ownership?

Month Day Year

12. Is this store open 40 hours a week all year-round? ☐Yes ☐No

13. Is this store's name visible on the outside of the store? ☐Yes ☐No

If no, indicate name on sign or store front if different than name on the front of this application: _____

14. Indicate the number of cash registers: _____

15. Is there a pharmacy located within the confines of the store? ☐Yes ☐No

If yes, will the pharmacy provide special formulas for the WIC Program?

☐Yes ☐No

16. Is there a valid retail-food establishment or retail food store number in the owner's name? ☐ Yes ☐ No

If yes, enter Retail-Food Establishment Number: _____

17. Is the retail permit visible in the store? ☐ Yes ☐ No

18. Is this store authorized to accept SNAP? ☐ Yes ☐ No

If authorized, enter SNAP authorization number: _____

19. Banking Information:

Bank Name: _____ Branch Name: _____

Street Address: _____

City/State/Zip: _____ Phone: () _____

20. Major wholesaler, distributor, retailer or manufacturer from whom WIC foods are purchased:

Name: _____

Street Address: _____

City/State/Zip: _____ Phone: () _____

21. Major wholesaler, distributor, retailer or manufacturer from whom infant formula is purchased:

Name: _____

Street Address: _____

City/State/Zip: _____ Phone: () _____

Infant formula must be purchased from the list of infant formula wholesalers, distributors, and retailers licensed in Kentucky, or formula manufacturers registered with the FDA. An approved list is available from the State Agency or on-line at <http://chfs.ky.gov/dph/mch/ns/wic.htm>

SIGNATURE

I certify that the information supplied by me on this application update is true and accurate. If it is determined that the information supplied is not correct or that, in review of the information supplied, the State Agency finds that my store does not meet the criteria to be a WIC vendor, my store will be terminated or non-renewed.

Signature _____ Date _____

Print Name _____ Title _____

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- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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